BEST AVAILABLE COLY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-1360** (REV. 3-78)

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